To: Commissioner for Patents

From: Tamara Daw

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Attached for filing for App. Ser. No. 09/955,845 for a METHOD FOR ENHANCING SCAN RESOLUTION are the following documents:

1. Petition for Extension of Time (1 page);

2. Fee Transmittal (1 page); and

3. Response (15 pages).

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OCT 3 1 2006

Tamara Daw

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE edmun fortnoo GMO bilav a avalosib il eselnu noite Effective on 12/08/2004. Complete if Known Fees oursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 09/955,845 TRANSMIT Filing Date September 17, 2001 For FY 2005 First Named Inventor Shin-Zheng Kuo Examiner Name Negussie Worku Applicant cleims small entity status. See 37 CFR 1.27 Art Unit 2625 TOTAL AMOUNT OF PAYMENT 1,750.00 112.P14031 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check L \_ Credit Card L Other (please identify): Money Order None ✓ Deposit Account Deposit Account Number 50-3703 Deposit Account Name: Berkeley Law Group For the above-identified deposit account, the Director is hereby authorized to: (check-all that apply) √ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17
WARNING: Information on this form may because me public. Credit card information should not be included on this form. Provide cradit card information and authorization on PTO-2038. **FEE CALCULATION**  BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Application Type Peo (\$) Fee (5) Fee (\$) Fee (\$) Fee (5) Utility 300 150 500 200 100 250 200 Design 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 600 300 150 500 250 200 Provisional Provisional 100 O Small Entity **EXCESS CLAIM FEES** Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = \_19\_ 50 950 Fee Pald (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 800. HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Mumber of each additional 50 or fraction thereof</u> Fee Paid (\$) Total Sheets Extra Sheets \_ /50= (round up to a whole number) - 100 ⇔ 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 60,153 Telephone 503,439,6500 Signature (Attorney/Agent) Date October 31, 2006 Name (Print/Type)

From: Tamara Daw

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) en application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.